



North Carolina Department of Health and Human Services  
Division of Aging and Adult Services

2101 Mail Service Center • Raleigh, North Carolina 27699-2101  
Courier 56-20-25 Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Karen E. Gottovi, Director  
(919) 733-3983

August 5, 2005

**DEAR COUNTY DIRECTOR OF SOCIAL SERVICES, AREA MENTAL HEALTH  
DIRECTOR, LOCAL HEALTH DEPARTMENT DIRECTOR AND COUNTY  
DEPARTMENT ON AGING DIRECTOR**

**ATTENTION: Adult Services Staff**

**SUBJECT: GUARDIANSHIP TRAINING SERIES**

The NC Division of Aging and Adult Services will offer a series of guardianship trainings during FY 2005-2006. This series consists of three different trainings that are available to disinterested public agent guardians and their representatives. Each of the trainings will be offered four times at different sites across the state. The trainings are presented in such a way that it is necessary for participants to take the trainings in sequence (Guardianship I, II and III). This letter contains information about the trainings, as well as dates and locations where each will be offered.

• **GUARDIANSHIP I: A SYSTEMATIC APPROACH**

*Prerequisite: None required.*

This is the first of the guardianship training series. The focus of the training is consistent with North Carolina General Statute 35A and Department of Health and Human Services (DHHS) policy requirements that all disinterested public agents receive training on the powers and responsibilities of a guardian. It includes information on guardianship law and legal proceedings, DHHS policy requirements, practice guidelines and issues related to guardianship service provision. Training methods include lecture, small and large group discussion, presentations by experts in content areas, skills practice and a case study.

This training is designed for directors or assistant directors of county departments of social services, area mental health authorities, local health departments, and county departments on aging who serve as disinterested public agent guardians. Social workers, case managers, public health nurses, county department of aging staff, supervisors and others who handle the daily responsibilities for guardianship services should also attend.

The dates and locations for this two-day training are listed below.

### **Workshop Dates and Locations**

**September 27 – 28, 2005**

Onslow Co. DSS  
DSS Training Center  
1245 Hargett Street  
Jacksonville, NC

**October 4 – 5, 2005**

Forsyth Co. DSS  
741 N. Highland Avenue  
Winston-Salem, NC

**March 2 – 3, 2006**

Edgecombe Co. DSS  
301 N. Fairview Road  
Rocky Mount, NC

**April 18 – 19, 2006**

Burke Co. Human Resources Bldg.  
700 East Parker Road  
Morganton, NC

- **GUARDIANSHIP II: PLANNING SERVICES WITH WARDS AND THEIR FAMILIES**

*Prerequisite: Completion of “Guardianship I: A Systematic Approach”.*

The second training in the series provides a framework for organizing work with wards and their families to create positive change and enhance decision making. This framework includes core activities such as conducting a comprehensive functional assessment, identifying areas for change, establishing goals, planning for interventions and services, implementing services, monitoring, reassessment and case closing. Training methods include lectures, small and large group discussions, skills practice exercises and case studies.

The training is intended for social workers, case managers, public health nurses, county department on aging staff, supervisors and others who handle the daily responsibilities for guardianship.

The dates and locations for this two-day training are listed below.

### **Workshop Dates and Locations**

**November 3 – 4, 2005**

Onslow Co. DSS  
DSS Training Center  
1245 Hargett Street  
Jacksonville, NC

**December 1 – 2, 2005**

Forsyth Co. DSS  
741 N. Highland Avenue  
Winston-Salem, NC

**March 21 – 22, 2006**

Edgecombe Co. DSS  
301 N. Fairview Road  
Rocky Mount, NC

**May 11 – 12, 2006**

Burke Co. Human Resources Bldg.  
700 East Parker Road  
Morganton, NC

- **GUARDIANSHIP III: DECISION MAKING: AN ETHICAL PERSPECTIVE**

*Prerequisite: Completion of “Guardianship I: A Systematic Approach” and “Guardianship II: Planning Services with Wards and Their Families”.*

The last guardianship training in the series is intended for line staff who handle daily guardianship responsibilities, including decision making for the wards in their care. Since decision making is a fundamental responsibility of guardianship, it is of utmost importance that a guardian/guardian representative make principled, informed decisions that are in the best interest of each ward. This training provides an opportunity for in-depth discussions about decision making and the ethical dilemmas associated with making difficult decisions on behalf of wards.

This training would benefit program administrators, supervisors, social workers, public health nurses, case managers and others delegated the responsibility and support for wards.

The dates and locations for this two-day training are listed below.

**Workshop Dates and Locations**

**January 4 – 5, 2006**

Columbus Co. DSS  
40 Government Complex Road  
Whiteville, NC

**January 18 – 19, 2006**

Rowan Co. Emergency Services Bldg.  
2727 Old Concord Road  
Salisbury, NC

**April 11- 12, 2006**

Martin Community College  
Building 1, Room 14  
1161 Kehukee Park Road  
Williamston, NC

**June 1- 2, 2006**

Watauga Co. DSS  
132 Poplar Grove Connector  
Suite C  
Boone, NC

**Registration**

No registration fee is required for the trainings; however, participants must preregister. A registration form is attached, which may be photocopied if needed. Participants must preregister for each training they wish to attend. Registration forms should be sent to the Division of Aging and Adult Services at least two weeks in advance of the training. It is important that the registration form be filled out completely. There is no restriction on the number of staff members who may attend any specific training. Substitutions may be sent for staff members who have registered for a particular training and are unable to attend. Individuals who register for training will be sent a confirmation letter with directions to the training and a list of local lodging accommodations.

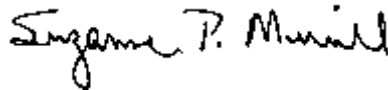
Completed registration forms may be faxed to Monica Nealous at (919) 715-0023, or mailed to: NC Division of Aging and Adult Services, ATTN: Monica Nealous, Adult Services Section, 2101 Mail Service Center, Raleigh, NC 27699-2101. On-line registration is also available at <http://www.ncswtrain.org/>.

Dear Director  
RE: Guardianship Training Series  
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Participants are welcome to bring their own snacks and beverages since refreshments will not be provided at the trainings.

Please share this training information with appropriate staff members. If you have questions or need additional information about the content of the trainings, please contact Kate Walton, Guardianship Program Consultant, at (919) 733-3818. County departments of social services may contact their Adult Programs Representative. Questions regarding preregistration may be directed to Monica Nealous at the above number.

Sincerely,

A handwritten signature in black ink, appearing to read "Suzanne P. Merrill". The signature is written in a cursive, flowing style.

Suzanne P. Merrill, Chief  
Adult Services Section

SPM/ksw  
Attachment  
AFS-14-2005

## Adult Services, NC Division of Aging and Adult Services Registration Form

**Have you attended the prerequisites for this training event?**

☐ Yes ☐ No

(For prerequisite information please refer to the training description)

☐ Not Applicable for this Training

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

If you have ever registered for a training under a different name, what is that name? \_\_\_\_\_

"Goes By" Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Gender: ☐ Female ☐ Male

(SSN requested for internal record keeping purposes only)

Race/Ethnicity (Optional):

☐ Caucasian

☐ African American

☐ Latino/Hispanic

☐ Asian/Pacific Islander

☐ Native American/Eskimo

☐ Mixed Race

Home Phone (please include area code):

( ) \_\_\_\_\_

Work Phone & Extension (please include area code):

( ) \_\_\_\_\_

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Agency Name: \_\_\_\_\_

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State Courier #: \_\_\_\_\_ County: \_\_\_\_\_

Supervisor's Full Name: \_\_\_\_\_ Supervisor's Phone (please include area code): ( ) \_\_\_\_\_

### Employment Type:

- ☐ Not applicable
- ☐ County DSS - Permanent
- ☐ County DSS - Temporary
- ☐ County Non-DSS
- ☐ Federal Agencies
- ☐ State Agency/Public University
- ☐ Private University/College
- ☐ Private Agency/Business

### Work Type:

- ☐ Direct Client Service
- ☐ Line Supervisor
- ☐ Trainer/Staff Development
- ☐ Program Manager
- ☐ Program/Admin. Support
- ☐ Director
- ☐ Other
- ☐ Not Applicable

### Program Responsibilities:

If you are **NOT** a county DSS worker, please skip to the next box (Check all that apply)

- ☐ Adult Care Home CMS
- ☐ Adult Day Care
- ☐ Adult Home Specialist
- ☐ Adult Protective Services
- ☐ Adult Services Intake
- ☐ At-Risk Case Management
- ☐ Attorney
- ☐ Guardianship
- ☐ In-Home Aide Services
- ☐ Special Assistance
- ☐ Trainer
- ☐ Other

### Other Roles:

Complete this box if you are **NOT** a county DSS worker

- ☐ Aging Services
- ☐ Attorney/Judicial
- ☐ Developmental Disabilities
- ☐ Health/Medical
- ☐ Law Enforcement
- ☐ Long Term Care
- ☐ Mental Health
- ☐ Student/Student Intern
- ☐ Substance Abuse
- ☐ Vocational Rehabilitation
- ☐ Other

### Highest Degree

- ☐ HS
- ☐ Associate
- ☐ Bachelor
- ☐ Masters
- ☐ Doctorate

### Highest Social Work Degree

- ☐ BSW/BSSW
- ☐ MSW/MSSW
- ☐ PhD/DSW

### Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached  
Training Event you are registering for: \_\_\_\_\_

Date(s) of Training Event: \_\_\_\_\_

Location of Training Event: \_\_\_\_\_

If you are replacing a registered co-worker, what is his/her name: \_\_\_\_\_

If you are making up a missed training day, which day are you making up? \_\_\_\_\_